

No. W 137112		Due no later than Apr 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HEALTH ALLIANCE INTEGRATED CARE, LLC STEPHANIE C. WESTERMEIER 1055 N CURTIS RD BOISE ID 83706		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	SAINT ALPHONSUS HEALTH SYSTEM, INC.	1055 N CURTIS RD	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 137112		6. Annual Report must be signed.* Signature: Charles Davis, DO Name (type or print): Charles Davis, DO					
Processed 05/21/2018		* Electronically provided signatures are accepted as original signatures.					
Date: 05/21/2018		Title: President					